

**Application Data Sheet**

**Application Information**

Application Number::

Filing Date::

Application Type::

**US National Phase**

Subject Matter::

**Utility**

Suggested Classification::

Suggested Group Art Unit::

Title::

**AUTOMATIC PRODUCTION OF VOCAL  
RECOGNITION INTERFACES FOR AN  
APPLIED FIELD**

Attorney Docket Number::

**4590-431**

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

Total Drawing Sheets::

**3**

**Applicant Information**

Applicant Authority Type::

**Inventor**

Primary Citizenship Country::

**France**

Status::

Given Name::

**Pascal**

Middle Name::

Family Name::

**BISSON**

Name Suffix::

City of Residence::

**Paris**

State or Province of Residence::

Country of Residence::

**France**

Street of Mailing Address::

**2, villa des Nymphéas**

City of Mailing Address::

**Paris**

Postal or Zip Code::

**75020**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status::  
Given Name:: **Célestin**  
Middle Name::  
Family Name:: **SEDOGBO**  
Name Suffix::  
City of Residence:: **Beynes**  
State or Province of Residence::  
Country of Residence:: **France**  
Street of Mailing Address:: **27, rue du Château d'eau**  
City of Mailing Address:: **Beynes**  
Postal or Zip Code:: **78650**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status::  
Given Name:: **Olivier**  
Middle Name::  
Family Name:: **GRISVARD**  
Name Suffix::  
City of Residence:: **Palaiseau**  
State or Province of Residence::  
Country of Residence:: **France**  
Street of Mailing Address:: **37, allée du pont des baunes**  
City of Mailing Address:: **Palaiseau**  
Postal or Zip Code:: **91120**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status::  
Given Name:: **Claire**  
Middle Name::  
Family Name:: **LAUDY**  
Name Suffix::  
City of Residence:: **Paris**  
State or Province of Residence::  
Country of Residence:: **France**  
Street of Mailing Address:: **7 bis, rue A. Parodi**  
City of Mailing Address:: **Paris**  
Postal or Zip Code:: **75010**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status::  
Given Name:: **Bénédicte**  
Middle Name::  
Family Name:: **GOUJON**  
Name Suffix::  
City of Residence:: **Venues**  
State or Province of Residence::  
Country of Residence:: **France**  
Street of Mailing Address:: **61 rue de l'aveir**  
City of Mailing Address:: **Venues**  
Postal or Zip Code:: **92170**

### **Correspondence Information**

Correspondence Customer No:: **33308**  
Phone Number:: **(703) 684-1111**

Fax Number:: (703) 518-5499

E-Mail Address::

### Representative Information

Representative Customer Number::

Representative Designation:: Registration Number:: Representative Name::

*Primary or Associate*

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FR	02 16902	December 31, 2002	Yes
	PCT/EP2003/051001	December 15, 2003	Yes

### Assignee Information

Assignee Name:: THALES  
Street of Mailing Address:: 45, rue de Villiers  
City of Mailing Address:: Neuilly Sur Seine  
State of Mailing Address::  
Country of Mailing Address:: France  
Postal or Zip Code:: 92200